

SESQUICENTENNIAL OF THE SALT LAKE COUNTY SHERIFF'S OFFICE

Mr. HATCH. Mr. President, this month the Salt Lake County Sheriff's Office is celebrating their sesquicentennial anniversary. The Sheriff's Office is a proud tradition of Utah, and I am grateful to them for keeping Salt Lake County a safe place to live and visit.

Pioneers first settled the Salt Lake Valley in 1847. In March 1849, they elected Brigham Young to be their Governor. Then, in October of the same year, John D. Parker was elected to serve as the first sheriff of what would become the state of Utah. Later, in 1852, after the federal government ratified the creation of the office of county sheriff, James B. Ferguson became John D. Parker's successor. Sheriff Ferguson was the first officially elected sheriff of Salt Lake County. This makes the Salt Lake County Sheriff's Office one of the oldest law enforcement agencies in the west. Today, the 1,254 employees of the Sheriff's Office continue that tradition.

Today, there are more than 835,000 citizens of Salt Lake County. These citizens are served by the Sheriff's Office through patrols, investigations, jails—which have held Ted Bundy, Mark Hoffman, and Charles Manson among others—court security, civil service, and specialized services, including K-9, air support, SWAT, and search and rescue units. The Sheriff's Office also coordinates local, state, and federal task forces.

Some of the more heroic deeds have received national recognition. Captain Lloyd Prescott is just one example of the kind of person we have working for the people of Utah. During a hostage situation at a Salt Lake County library, then Lieutenant Lloyd Prescott offered himself as an additional hostage to see if he could defuse the situation. After almost five hours, it was obvious that the suspect was becoming more agitated and that he would likely harm one of the hostages. Lieutenant Prescott then announced himself as a police officer and was forced to shoot the suspect. For this act of bravery and courage, Lieutenant Prescott was awarded the Presidential Commendation from President Clinton, the Governor's Commendation from Governor Leavitt, Officer of the Year from the International Association of the Chiefs of Police, Officer of the Year from the International Foot Printers Association, and Deputy Sheriff of the Year from the National Sheriff's Association. Captain Prescott continues to serve the citizens of Salt Lake County and the Sheriff's Office as the Division Commander for the Special Operations Division.

This is just one example of the many acts of courage, bravery, and simple acts of service performed daily by employees of the Salt Lake County Sher-

iff's Office. I want to extend a public thank you to all the employees and deputies of the Sheriff's Office for their hard work, service, and dedication to upholding justice and the rule of law. I offer my hearty congratulations to them on this landmark anniversary.

MEDICARE BENEFICIARIES ACCESS TO CARE ACT OF 1999

Mr. FEINGOLD. Mr. President, I rise today to express my strong support for S. 1678, the Medicare Beneficiaries Access to Care Act of 1999, a bill to ensure that Medicare beneficiaries across our nation continue to have access to the health care services that they need. The package that has been introduced addresses some of the most troubling areas in implementation of the Balanced Budget Act of 1997, and I commend the Senate Democratic Leader, Senator DASCHLE, for the hard work that he and his staff put into the creation of this bill.

I joined my Senate colleagues to vote in favor of the Balanced Budget Act of 1997, with the expectation that we would save \$100 billion that would help preserve the solvency of the Medicare program. Yet the magnitude of cuts in BBA of 1997 have been much deeper than anyone intended. Present projections indicate that actual reductions have been in the area of \$200 billion, twice as much as originally anticipated.

The unintended consequences of the Balanced Budget Act of 1997 have been severe indeed. And while there is a lot of publicity about the impact of BBA 1997 cuts on entities like hospitals, nursing homes and home health agencies, the real issue here is that the cuts are threatening the ability of our constituents—patients who rely on these entities to provide care, rehabilitation, and life-saving services—to gain access to the care they need.

Take for example the impact of the BBA 1997 Interim Payment System for home health agencies in Medicare. IPS was designed as a way to counteract fraud, waste and abuse within the Medicare program. Unfortunately, the way in which IPS was implemented created a counterintuitive and unfair system that penalizes low-cost areas for their thrift by basing reimbursement on past spending. More than 40 home health agencies in 22 counties have closed in Wisconsin since the implementation of Medicare home health IPS. IPS has ratcheted Medicare home health payments so low that Wisconsin home health agencies are losing hundreds of dollars per patient per day treating Medicare patients. Agencies in Wisconsin are not closing just because the business isn't profitable, they are closing to reduce the devastating rate of loss.

BBA 1997 cuts have also been devastating for our nursing homes and pa-

tients' ability to gain access to outpatient therapy services. Reimbursements to some nursing homes in Wisconsin has been so low that one nursing home administrator in La Crosse, Wisconsin, informed me that his agency, one of the few Medicare-certified ventilator-dependent programs in the region, was losing between \$150 and \$300 per patient per day treating patients who depend on ventilators to breathe. That agency had no choice but to stop new admissions of ventilator-dependent patients. Similarly, residents of nursing homes who require physical therapy, occupational therapy or speech pathology services are faced with an arbitrary \$1500 cap on their services, an amount that is grossly inadequate to provide the necessary rehabilitation to patients recovering from a stroke, an amputation or other life-altering event. These arbitrary caps on the provision of rehabilitative therapy, have the effect—though inadvertently—of placing a cap on the extent to which these patients can regain their independence.

One final area that I would like to raise is the expected impact on hospitals of BBA 1997 changes such as cuts to Graduate Medical Education payments and the impact of a Prospective Payment System on hospital outpatient departments. Preliminary estimates from my constituents at the Wisconsin Health and Hospital Association, WHA, indicate that Wisconsin's 28 teaching hospitals will lose almost \$25 million per year from GME cuts. In addition, WHA projects that Wisconsin hospitals will lose \$30 million over the next three years if PPS is implemented—a loss of such magnitude that several rural hospitals in Wisconsin would likely be forced to close.

S. 1678 speaks directly to these concerns by increasing payments to Medicare Dependent Hospitals and Critical Access Hospitals, of which my home state of Wisconsin has 44. S. 1678 also includes stop-loss protection to ensure that hospitals do not suffer dramatic losses under the Outpatient Prospective Payment System. Lastly, S. 1678 freezes Indirect Medical Education cuts at 6.5% over 8 years and increases the number of residency slots available in rural areas.

The provisions of S. 1678 are important to ensuring continued access to care, and I hope my colleagues will join me in supporting this legislation.

INTRODUCTION OF S. 1714

Mr. WARNER. Mr. President, I ask unanimous consent that the Senator from Virginia may proceed for not to exceed 4 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. WARNER. I thank the Chair.

(The remarks of Mr. WARNER pertaining to the introduction of S. 1714